

HAZARDOUS MATERIALS CONTROL PERMIT CERTIFICATION

I hereby certify on behalf of Life Care of Acton, the applicant for a permit or permit renewal from the Acton Board of Health pursuant to Chapter I of the Town of Acton General By-laws (the "Permit Application") that (a) the information contained in the Permit Application is true, accurate and complete, and (b) the facility located/operating at 1 Great Road, Acton, MA and that is the subject of the Permit Application complies with the requirements for Approval of Hazardous Material Waste and Special Waste Permits as defined in section 3.5 of Chapter I of the Town of Acton General By-laws, Hazardous Materials Control, as amended.

Wah [Signature]

Authorized Signatory

5/12/11

Date

Hazardous Material (Non-Waste) Inventory Information

Complete the table below for all non-waste inventory. Use additional pages if necessary.

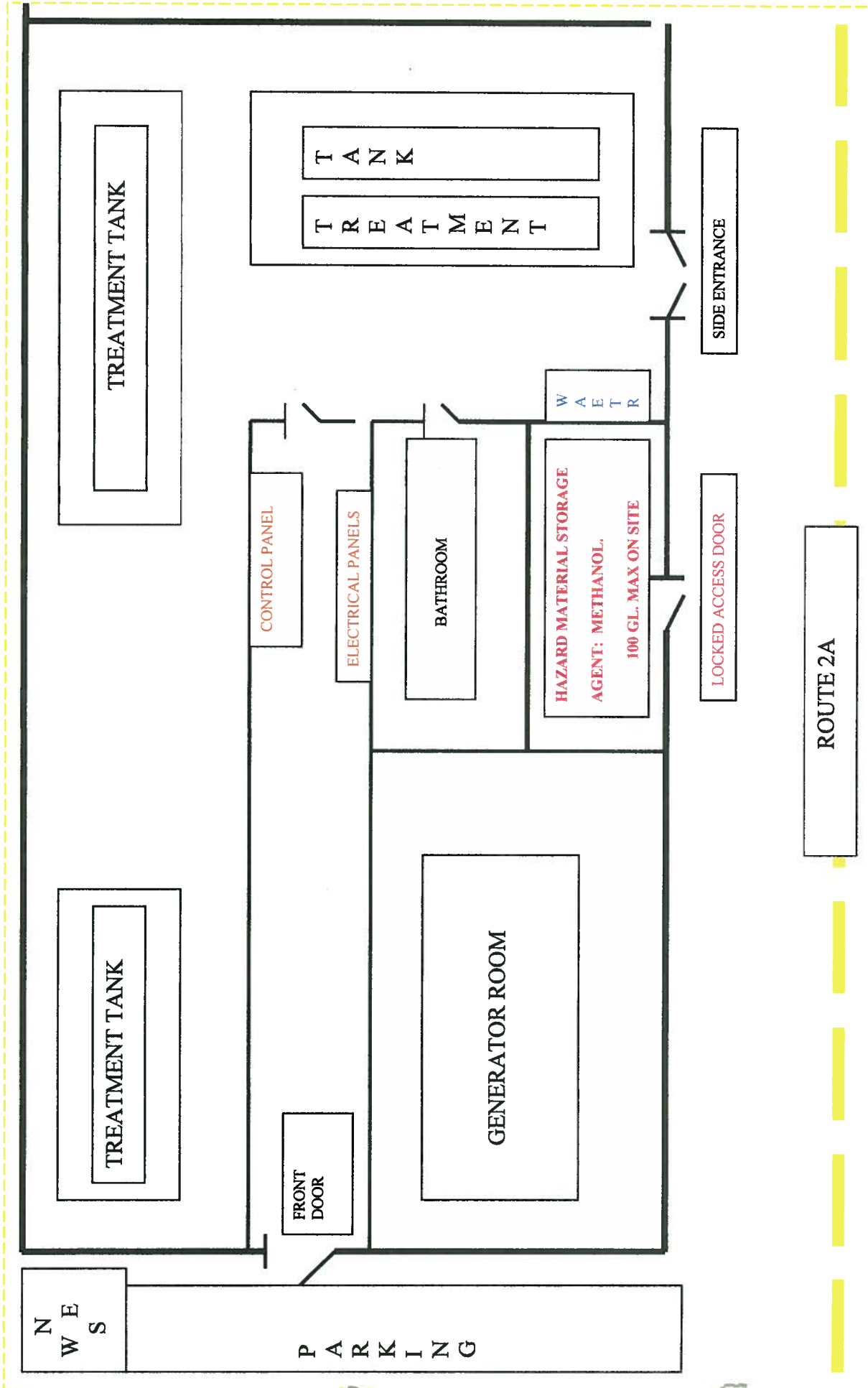
Chemical/Common Name	Max. Qty (at any one time)	Container Size (single largest container)	Location(s) (see section C)
Methanol	100 gal. ____ lbs. ____ cu. ft.	55 gal. ____ lbs. ____ ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	

Hazardous Waste Inventory Information

(Hazardous Waste Generator Permit Application/Amendment)

Complete the table below for all waste inventory. Use additional pages if needed.

Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page)	Max. Qty. (at any one time)	Annual Qty. Generated	Location(s) (see Section C)
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/ treatment /disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	
	____ Recycled on-site. ____ Treated on-site. ____ Shipped off-site for recycling/treatment/disposal	____ gal. ____ lbs. ____ cu. ft.	____ gal. ____ lbs. ____ cu. ft.	



LOWER LEVEL

MAIN WATER SHUTOFF

ROOM →

MALE

FEMALE LOCKER

DISH WASHER

DIETARY DRY STORAGE

MAIN GAS SHUTOFF

OFFICE

LAUNDRY

LAUNDRY

F M

THERAPY

BOILER ROOM

STAIRS

FOOD SERVICES

JANITORS STORAGE

HAZMAT STORAGE

MAINTENANCE

STAFF LOUNGE

PARKING UNDER LIFE CARE

NORTH

1 GREAT ROAD / RTE.2-A

ENTRANCE

